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Mar 10, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N17724

1. Corporation Name
IMPERIAL AT PROMENADE CONDOMINIUM ASSOCIATION, I NC.

Principal Place of Business 7567 IMPERIAL DRIVE SUITE 101 BOCA RATON FL 33433	Mailing Address 7567 IMPERIAL DRIVE SUITE 101 BOCA RATON FL 33433
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 11/10/1986
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2750758
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/>
		\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent BECKER POLIAKOFF & STREITFELD 450 AUSTRALIAN AVENUE, SUITE 720 SUITE 201 SOUTH WEST PALM BEACH FL 33401	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	TALLES, PHIL <input checked="" type="checkbox"/> DELETE	1.1 TITLE SD	WILNER, JUDITH <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS	7567 IMPERIAL DR C502	1.3 STREET ADDRESS	7567 IMPERIAL DR.
CITY-ST-ZIP	BOCA RATON FL 33433	1.4 CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE TD	WITTENBERG, BILL <input checked="" type="checkbox"/> DELETE	2.1 TITLE TD	ARANOFF, JERRY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS	7563 IMPERIAL DR, D301	2.3 STREET ADDRESS	7579 IMPERIAL DR.
CITY-ST-ZIP	BOCA RATON FL 33433	2.4 CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE VPSD	BADER, HAROLD <input type="checkbox"/> DELETE	3.1 TITLE PD	BADER, HAROLD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS	7579 IMPERIAL DR A302	3.3 STREET ADDRESS	7579 IMPERIAL DR
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE D	EIHORN, BILL <input type="checkbox"/> DELETE	4.1 TITLE VPD	EINHORN, BILL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS	7576 IMPERIAL DR, C-401	4.3 STREET ADDRESS	7567 IMPERIAL DR.
CITY-ST-ZIP	BOCA RATON FL 33433	4.4 CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE D	WARREN, BILL <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	7563 IMPERIAL DR.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* 3-3-99 (561) 394-4634
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)